

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

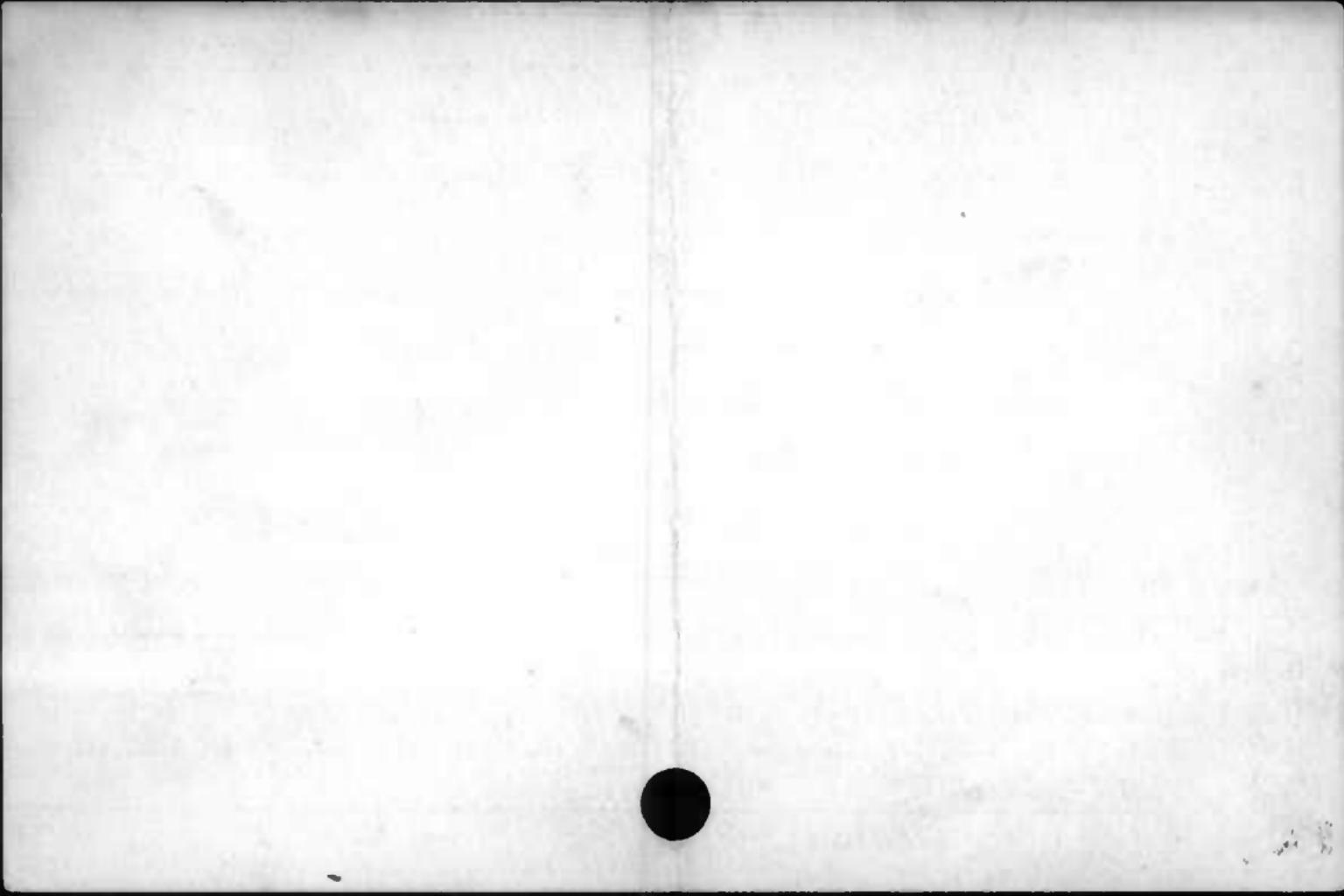
Geo Adams				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1905	Month Jan	Day 18	Years 17	Months Aug	Days 11	
Sex Male	Color or Race White	Occupation Clerk		Birth- place Chas. Co.		
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name Washington Adams			Father's Birthplace Washington			
Mother's Maiden Name Mary V. Robey			Mother's Birthplace Chas. Co			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

Primary	Tuberculosis	How long Unknown
Immediate	Heart failure	How long Unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician H. M. Weston Brown
		Address Aquasco Md
Accident or Suicide?	Neither	

PHYSICIAN
OR CORONER

1



Name
in
Full

Paul Lemmrod Barkley

CERTIFICATE OF DEATH

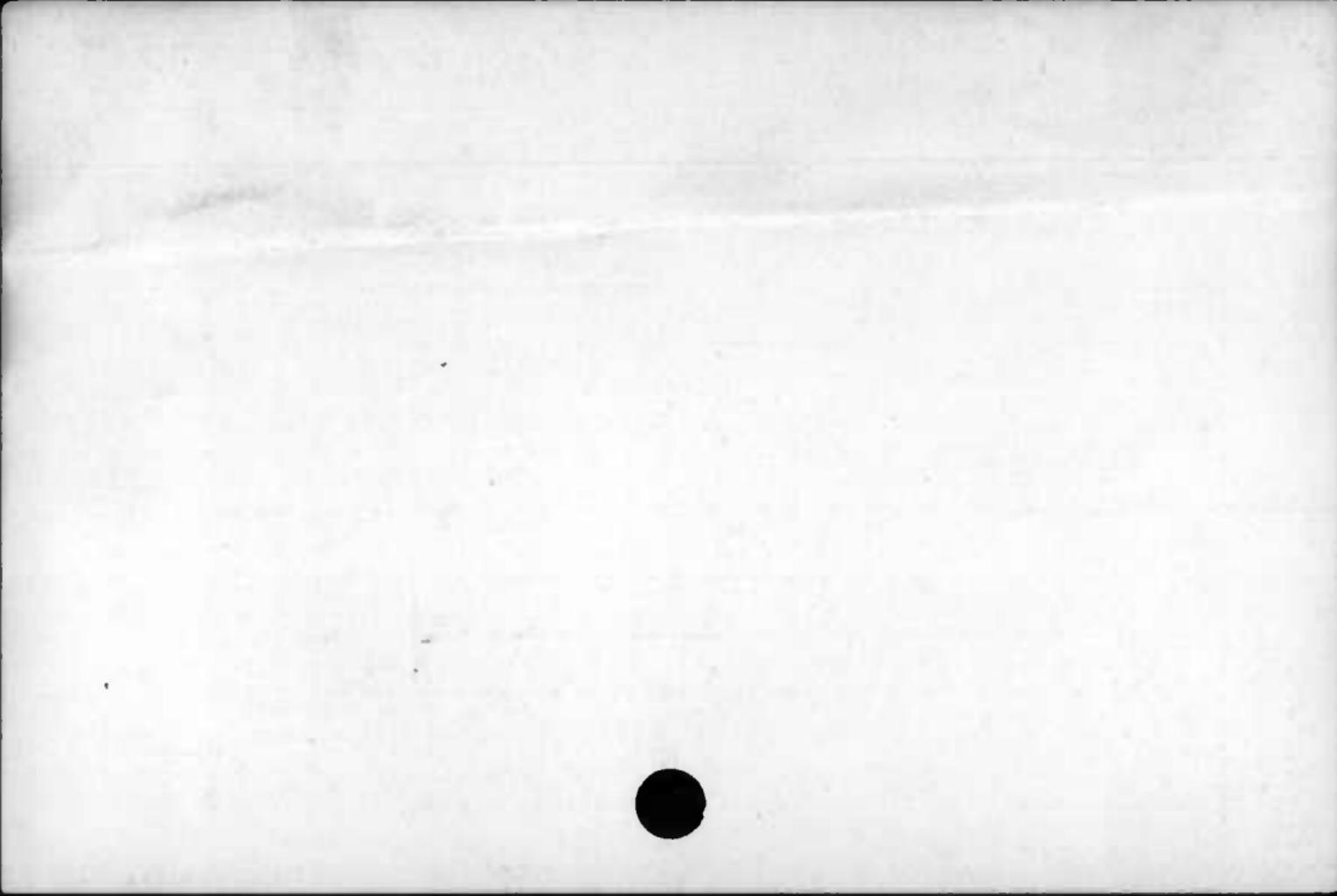
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906 Jan	3		41 0		
Sex	Color or Race	Birth-place			
Male	white	Ches. Co.			
Occupation	Where Residing if not at place of death				
Farmer	at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lucy Barkley			
Married	Lucy Barkley				
Father's Name	Walter H. Barkley				
Mother's Maiden Name	Elizabeth Berry				
Name of person giving information	S. B. Barkley				
How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long
Immediate	(2)		Two years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		J. W. Mitchell M.D.	
		Address	
Accident or Suicide?	No	Pygmorey Md.	



Name
in
Full

Emma Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

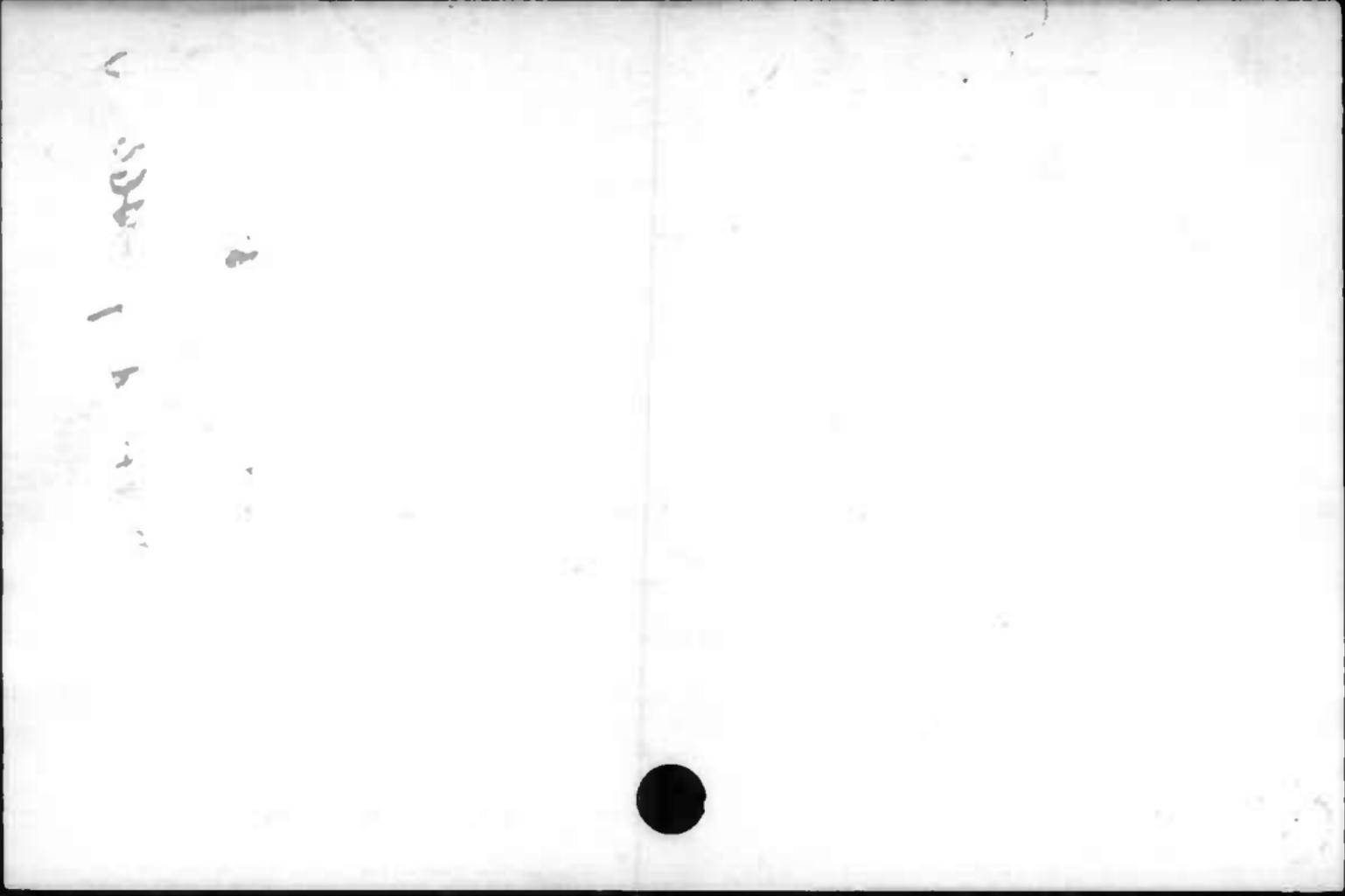
Died at	Town	County	MARYLAND		
Date of death 1905	Month 1	Day 14	Years 20	Months -	Days -
Sex Female	Color or Race Black	Birth- place Ky.			
Married, Single or Widowed Married	Occupation House wife				
Name of Wife or Husband William Campbell					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information Joe Campbell	How related to deceased Father in law				

CAUSES OF DEATH

Primary	Lung embolism	How long 3 years
Immediate	Heart failure	How long Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joe
		Address Hagerstown Md



Accident or Suicide?



Name
In
Full

Not Named

CERTIFICATE OF DEATH

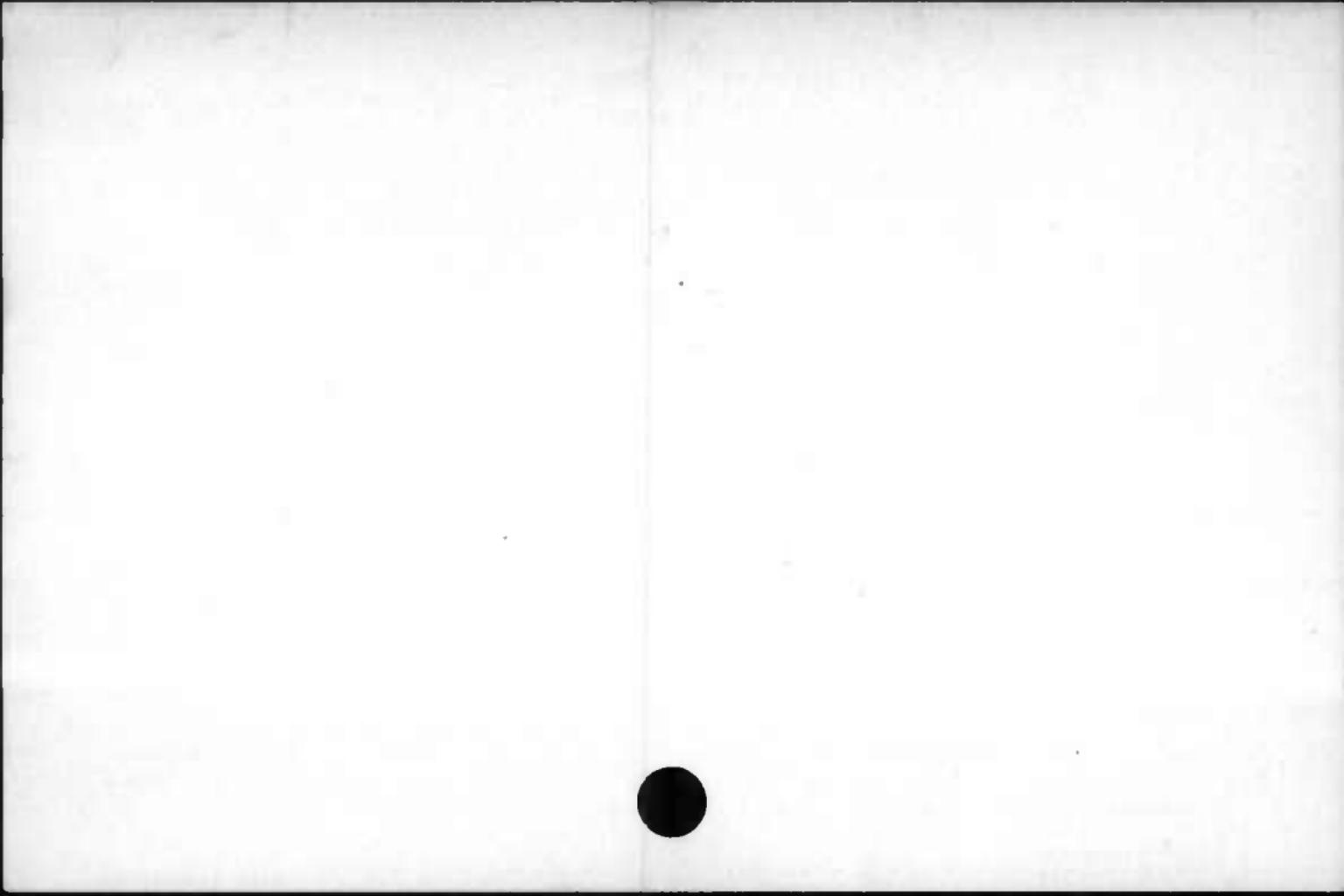
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Berry P.O.</u>		Town	County <u>Charles</u>		MARYLAND		
Date of death 1905	Month <u>Jan.</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>2</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Charles Co.</u>			
Married, Single or Widowed <u>—</u>	Occupation <u>—</u>						
Name of Wife or Husband <u>—</u>							
Father's Name <u>James Dabbs</u>			Father's Birthplace <u>Chas Co Md</u>				
Mother's Maiden Name <u>Hattie Young</u>			Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>James Dabbs</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malassimilation</u>	How long <u>2 Days</u>
Immediate <u>Hemoptysis</u>	How long <u>1 Hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Wickerson</u>
	Address <u>Waldorf Md</u>
Accident or Suicide?	<u>Sub Reg.</u>



Name
in
Full

Eduan

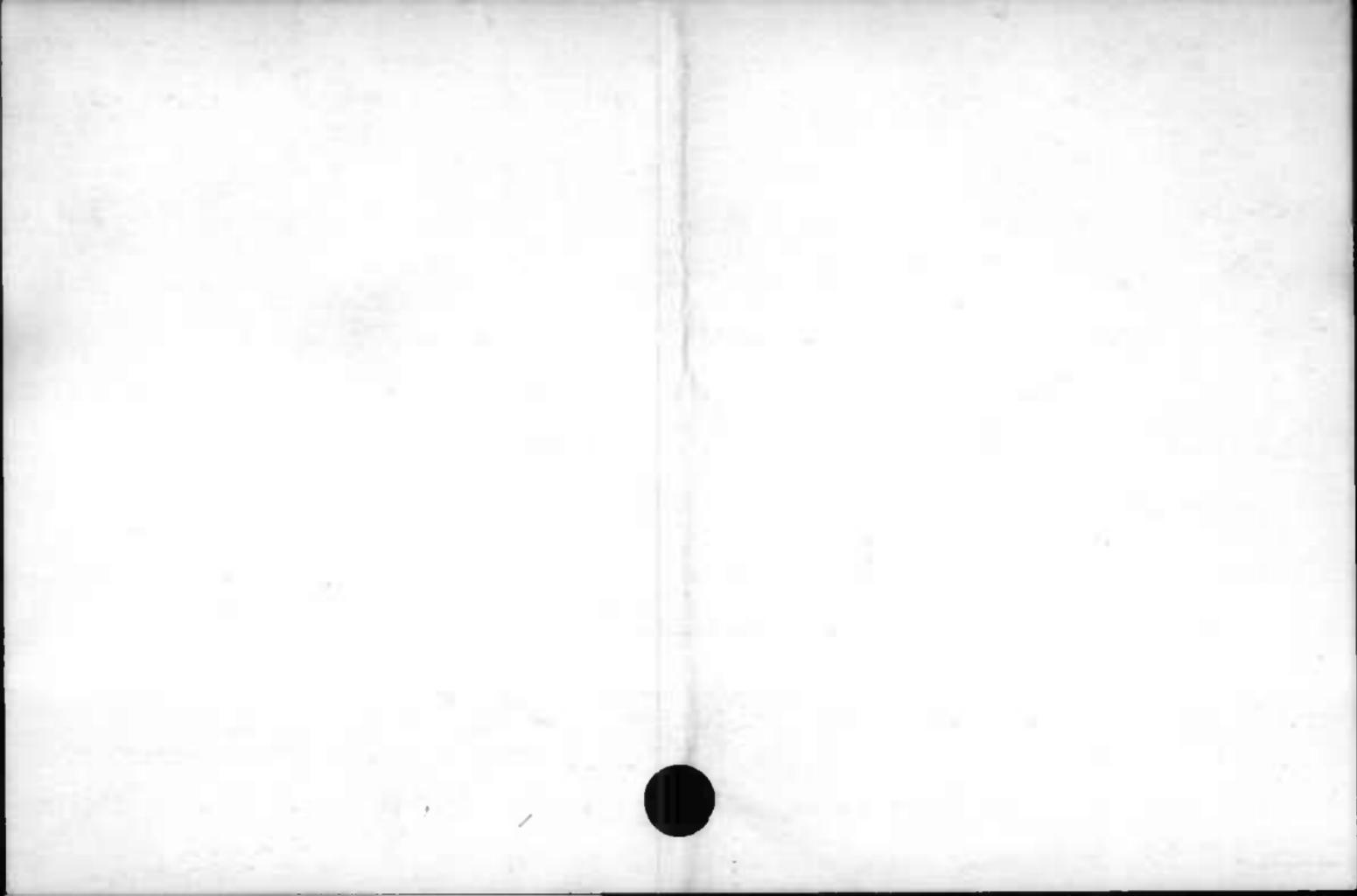
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age Three terms			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>James W. Edwards</i>				
Mother's Maiden Name	<i>Hannie Thompson</i>				
Name of person giving information	<i>Father</i>				
CAUSES OF DEATH					
Primary	<i>Still born S.</i>				How long <i>—</i>
Immediate					How long <i>—</i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<i>Yes</i>	<i>Lebanon and Bryanton MD</i>	
Accident or Suicide?		



Mrs Margaret Irene Shuster C⁸

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 129, 1905 - Dec 13

Age 70

Male

Widow

Divorced

Female

White

Married

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

gas trubis

How long sick

8 day

Death

Immediate

heart failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Off Lincoln Rd
Brooklyn N.Y.
Booker W.L.~~

Attended by Dr.

J. J. Smart

of

Charles G.

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
In
Full

Myrtle L Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Pigeon	Town	County	MARYLAND		
Date of death	1905	Month Jan.	Day 11	Years	Months	Days
Sex	Female	Color or Race	colored	Age		
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband	none			
Father's Name	Benjamin Gray			Father's Birthplace	Md.	
Mother's Maiden Name	Emma Brown			Mother's Birthplace	Md	
Name of person giving Information	Emma Brown			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

obscure

71

How long

all its life

Immediate

Spasms

How long

5 hours

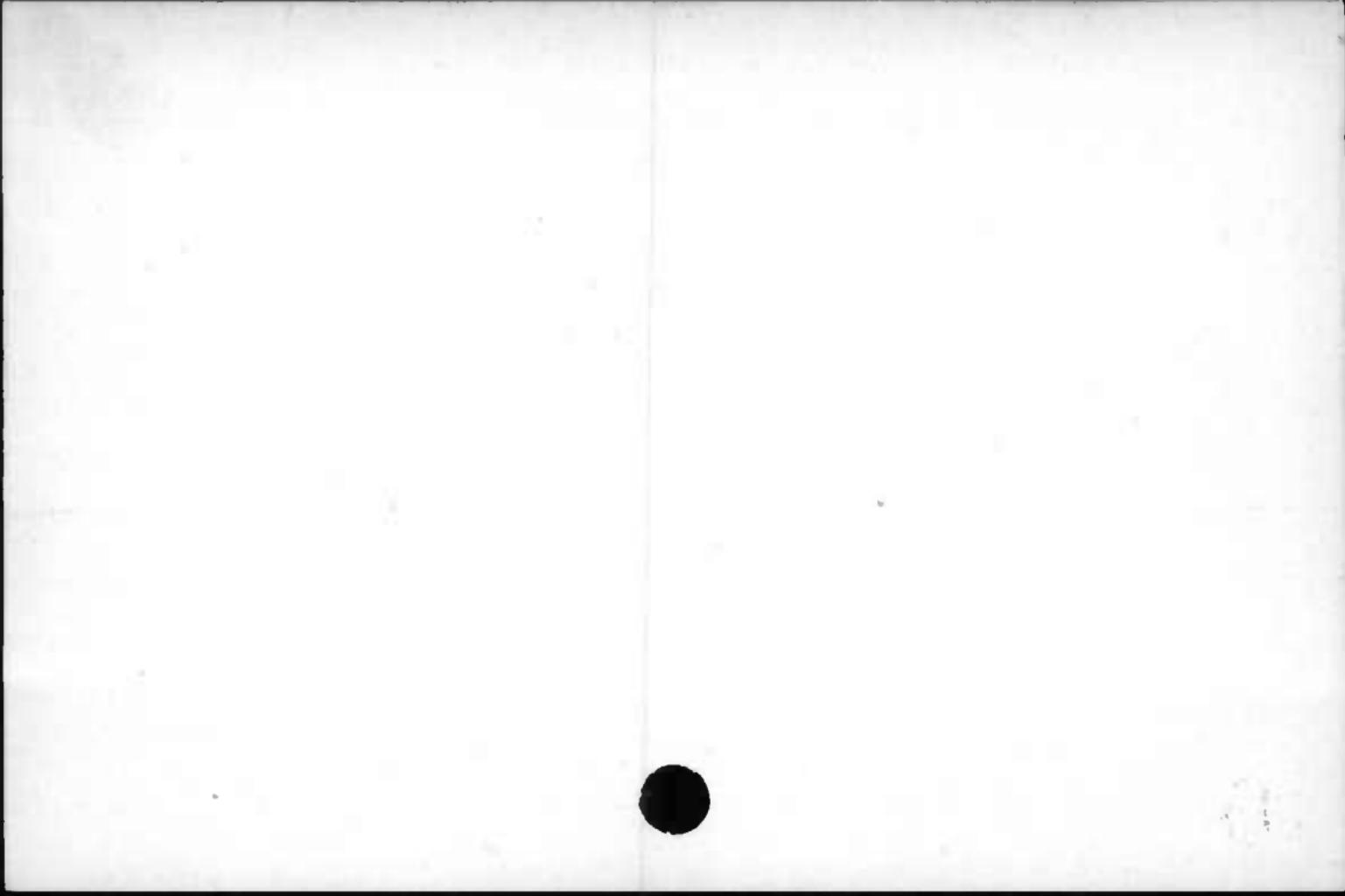
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

They are
to the best of knowledge

done in attendance
C. D. Carpenter

Accident or Suicide?



Name
In
Full

Thos. S. Staneach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	La Plata	Town	County	MARYLAND		
Date of death	1905	Month Jan	Day 24	Years 66	Months -	Days -
Sex	male	Color or Race	white	Birth-place	Charles Co	
Occupation	Family School Teacher			Where Residing if not at place of death	La Plata Md	
Married, Single or Widowed	Widower	Name of Wife or Husband	—			
Father's Name	Jos. S. Staneach			Father's Birthplace	Charles Co	
Mother's Maiden Name	Mary Ann Workes			Mother's Birthplace	Char Co,	
Name of person giving Information	R. T. O.			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Intestinal Inflammation & Gastritis
How long year or more

Immediate Nausea

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

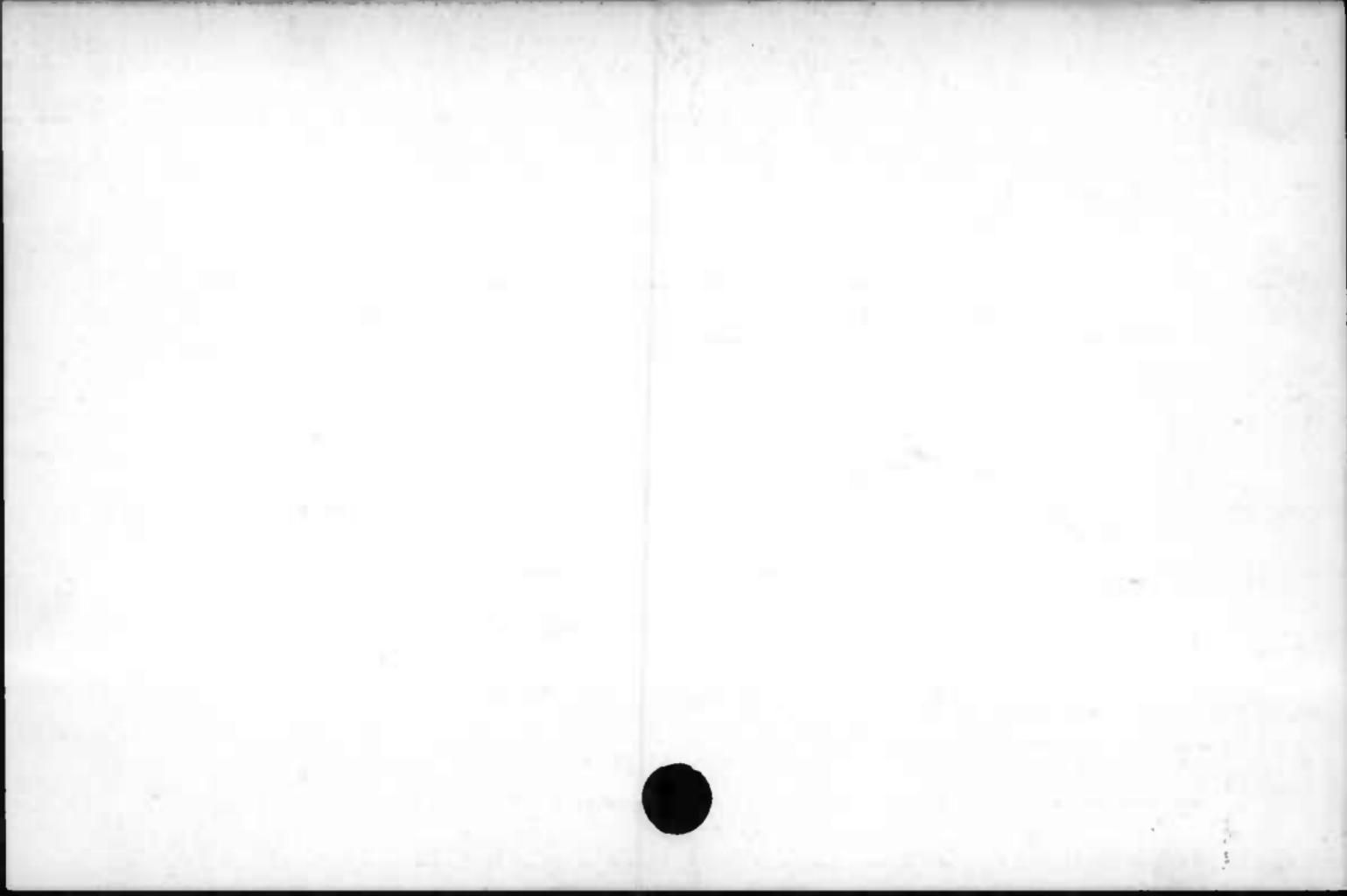
Thos. S. Owen, M.D.

La Plata

MD

Accident or Suicide?





Name in Full

Certificate of Death

John B. Lawson

Town County MARYLAND
Died at Newport CharlesMonth Day Y. M. D. Native of Occupation
Date 1905 1 2 70 Male Widower Child Farmer
Female White Married Divorced
Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Reported by

Address

I must be signed by physician, if any in attendance, otherwise by other, undertaker or minister.

M. d



Name
in
Full

Ellen C. Lyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Gallant Green</u>	Town	<u>Charles</u>	County	MARYLAND	
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>27</u>	Age <u>Years</u>	Months <u>8</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>Mulatto</u>	Birth-place <u>Maryland</u>			
Occupation _____	Where Residing if not at place of death <u>at home</u>				
Married, Single or Widowed <u>2</u>	Name of wife or Husband <u></u>				
Father's Name <u>Sam Lyles</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Martha King</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Sam Lyles 71</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary I never saw this child but I think it was consumption How long 5 or 6 months
 Immediate Took fresh cold last Monday friends think pneumonia How long 6 days

PHYSICIAN
OR CORONER

I

Are the name, age, sex, color, date and place correctly given above?

yes

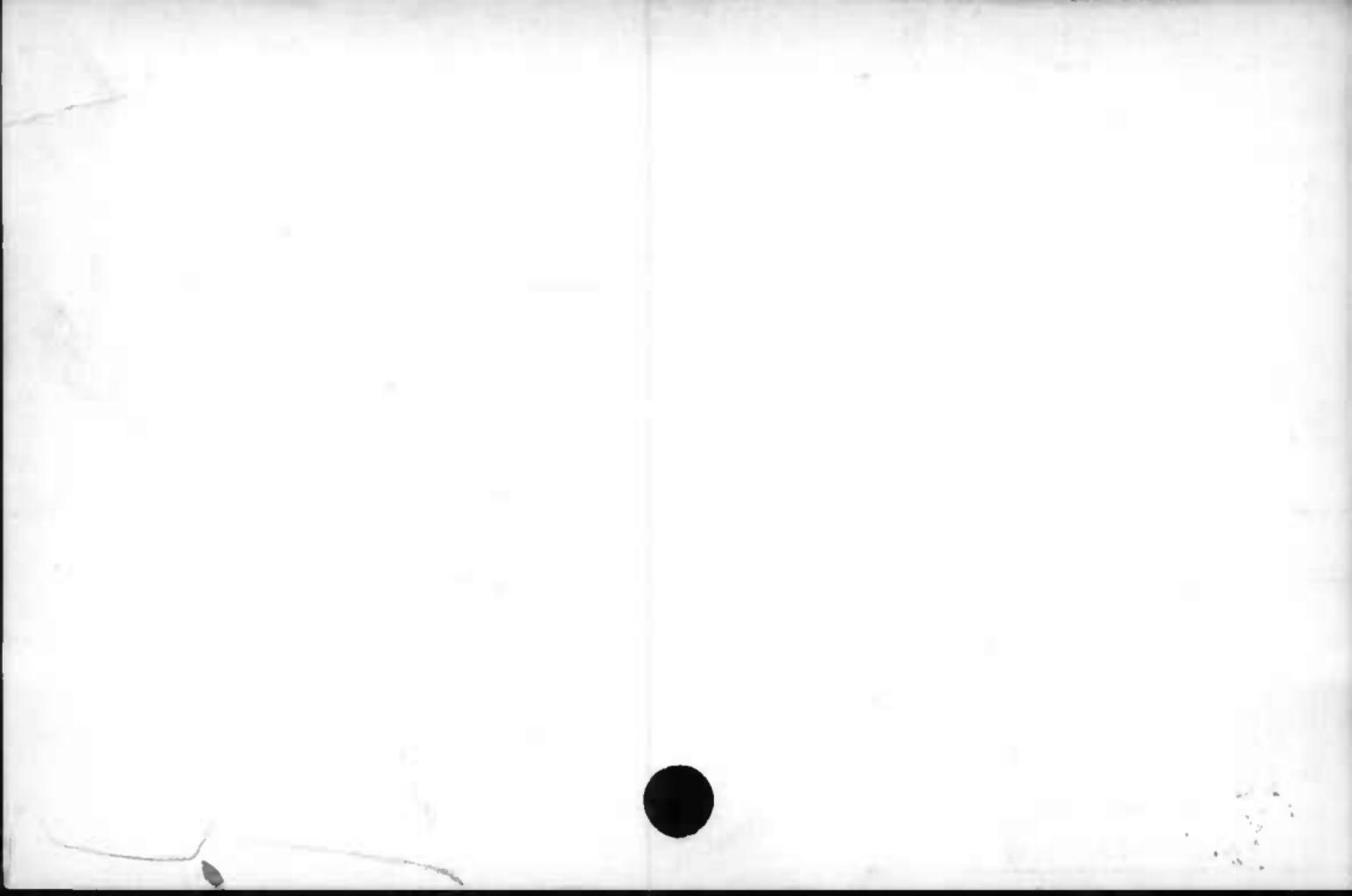
Signature of Physician

Wm A. Marbury M.D.

Address

Aquasco.
Maryland.

Accident or Suicide?



Name
in
Full

Mrs Bettie Maddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dear Doncaster	Charles			
Date of death	Month	Day	Years	Months	Days
1905	Jan	2	55		
Sex	Female	Color or Race	White	Birth-place	Charles Cond
Occupation	House work	Where Residing if not at place of death	Doncaster		
Married, Single or Widowed	or	Name of White Husband	Johy Maddox	dead	
Father's Name	Dont know				
Mother's Maiden Name	Perry W. Golden 44				
Name of person giving information	Friend				

CAUSES OF DEATH

Primary

Cancer on face

How long

3 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

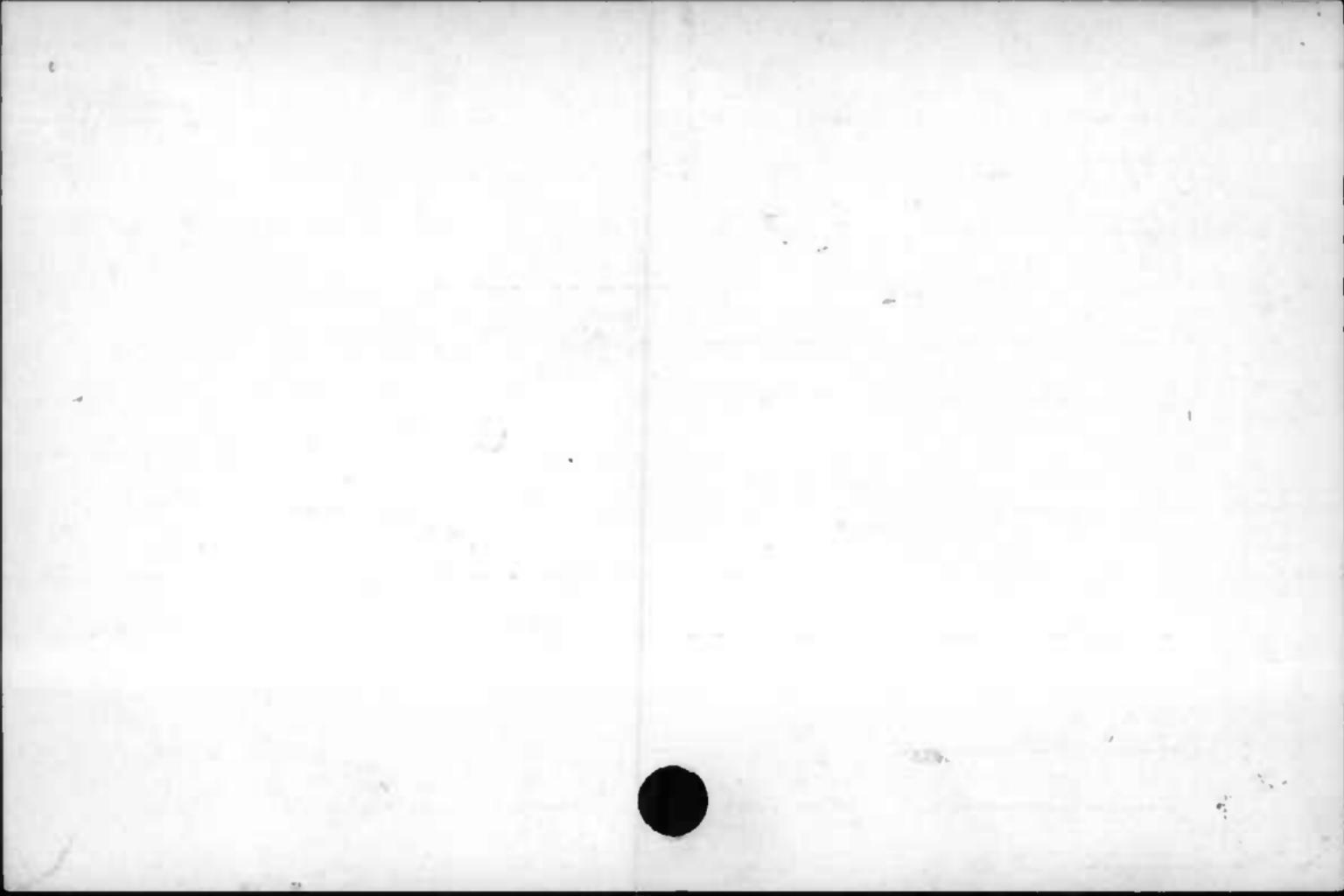
Signature of Physician

Address

Hayenhillian Clement
Act Regt

1

Accident or Suicide?



Name
in
Full

Rebecca E. Padgett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles B Padgett			
Father's Name	Dory Mayrue				
Mother's Maiden Name	Mary Robey				
Name of person giving information	Chas M. Padgett 93				

CAUSES OF DEATH

Primary

Pneumonia, (dead) Lobar

How long

10 days

Immediate

Heart failure - exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. S. Gwyn, M.D.

Address

La Plata

Md

Accident or Suicide?



Name
in
Full

Sarah A. Padgett

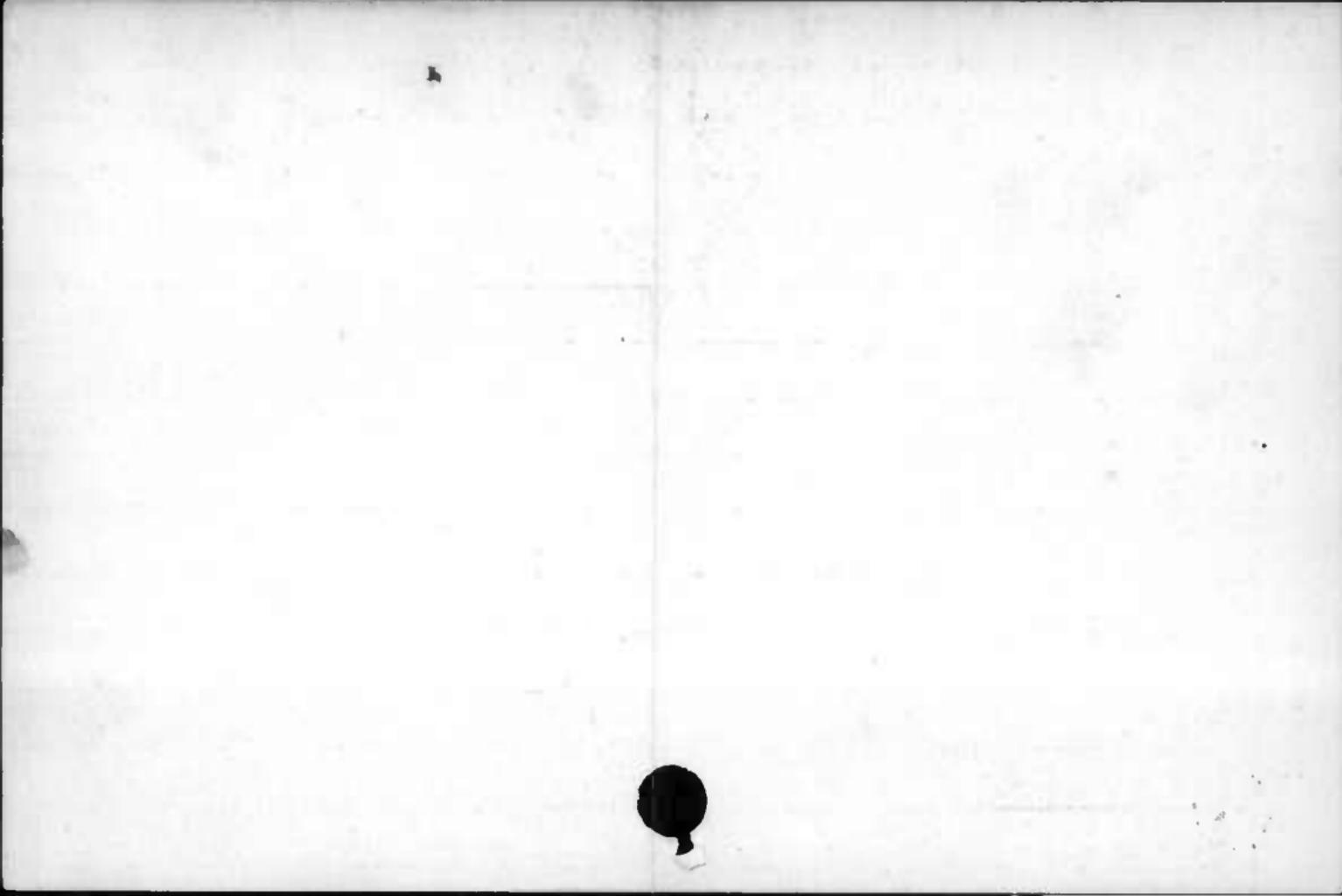
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	76		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George R. Padgett.			
Father's Name	Williamson Padgett.				
Mother's Maiden Name	Anna Moreland.				
Name of person giving Information	Bora L. Burgess				
CAUSES OF DEATH					
Primary	General Debility			15X	How long 1 week
Immediate					How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B Smith	
			Address	Dorchester Md	
Accident or Suicide?		Kather			

PHYSICIAN
OR CORONER





Name
in
Full

Tot Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

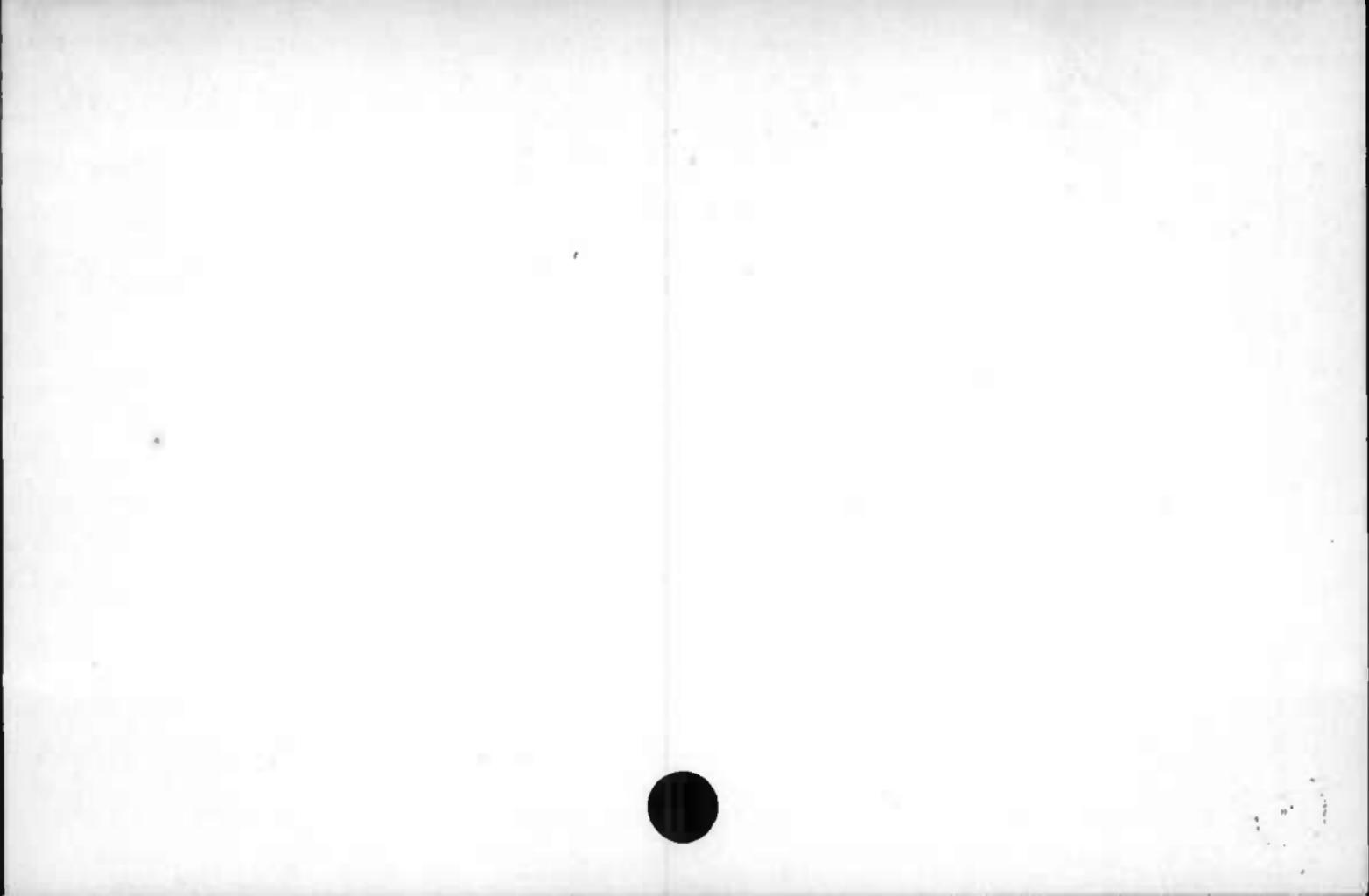
Died at	Town	County	MARYLAND		
Date of death 1905	Month Jan.	Day 12	Years —	Months —	Days 7
Sex Male	Color or Race white	Occupation —	Birth-place	Charles Co	
Married, Single or Widowed —					
Name of Wife or Husband —					
Father's Name James R. Pickrell			Father's Birthplace	Charles Co. Md	
Mother's Maiden Name Frances Willcott			Mother's Birthplace	" " "	
Name of person giving information James R. Pickrell			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malassimilation	How long	7 Days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	N.H. Stevenson
Yes		Address	Haldorf Md
Accident or Suicide?		Sub Reg.	





Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Agnes Wilkerson Powers

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Jan	2	3	7	27	
Sex	Female	Color or Race	white	Birth-place	Wash., D.C.	
Occupation	Housewife	Where Residing if not at place of death at place of death				
Married, Single or Widowed	No	Name of Wife or Husband				
Father's Name	A. F. Powers		Father's Birthplace	Alabama		
Mother's Maiden Name	Mary J. Boykin		Mother's Birthplace	Va-		
Name of person giving Information	Id. F. Powers		How related to deceased	Father		

CAUSES OF DEATH

Primary

Typhoid Fever
Pneumonia

How long

4 weeks

Immediate

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

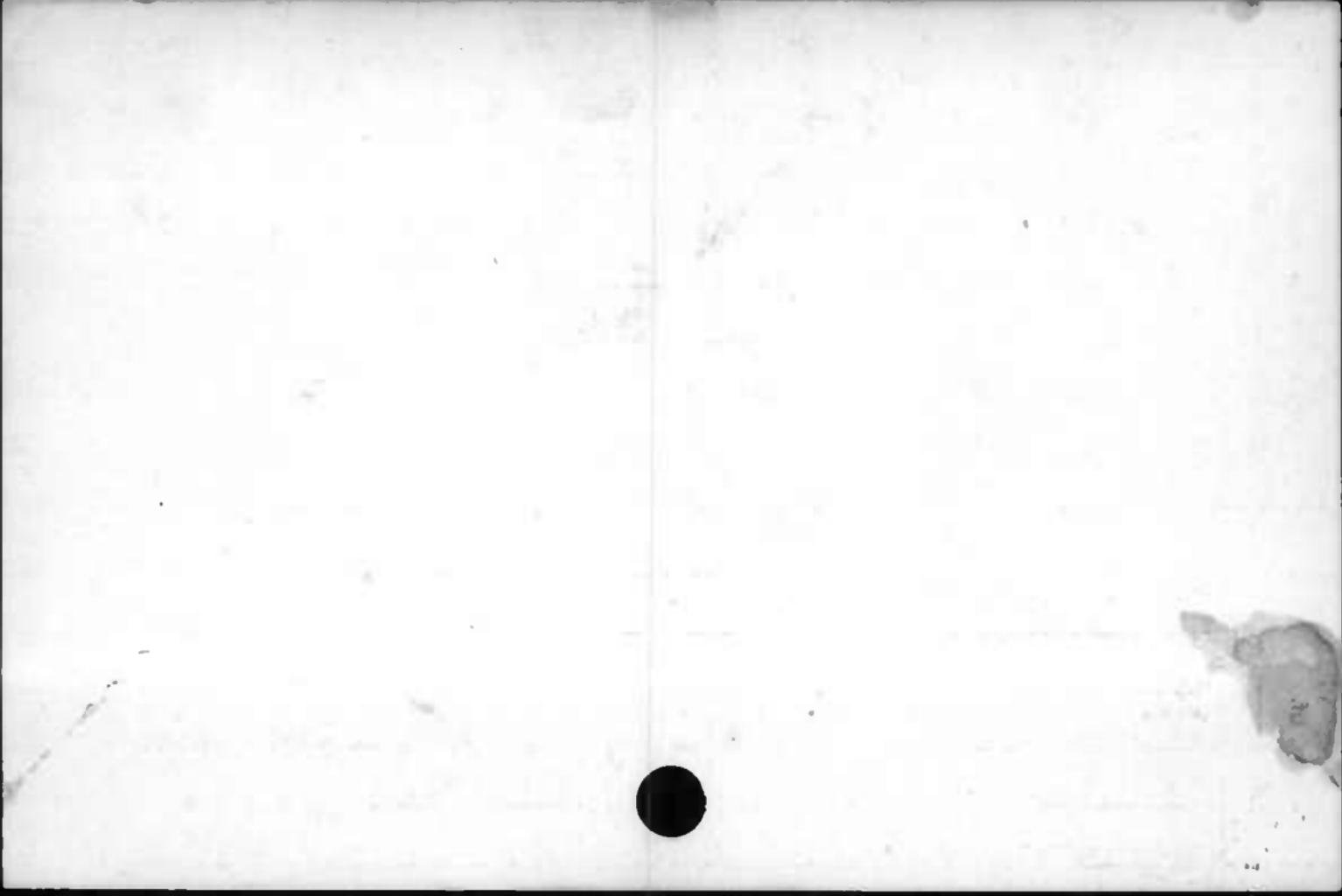
Address

J.W. Mitchell M.D.
Perrybank Ave.

Yes

No

Accident or Suicide?



Name
in
Full

Robert Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

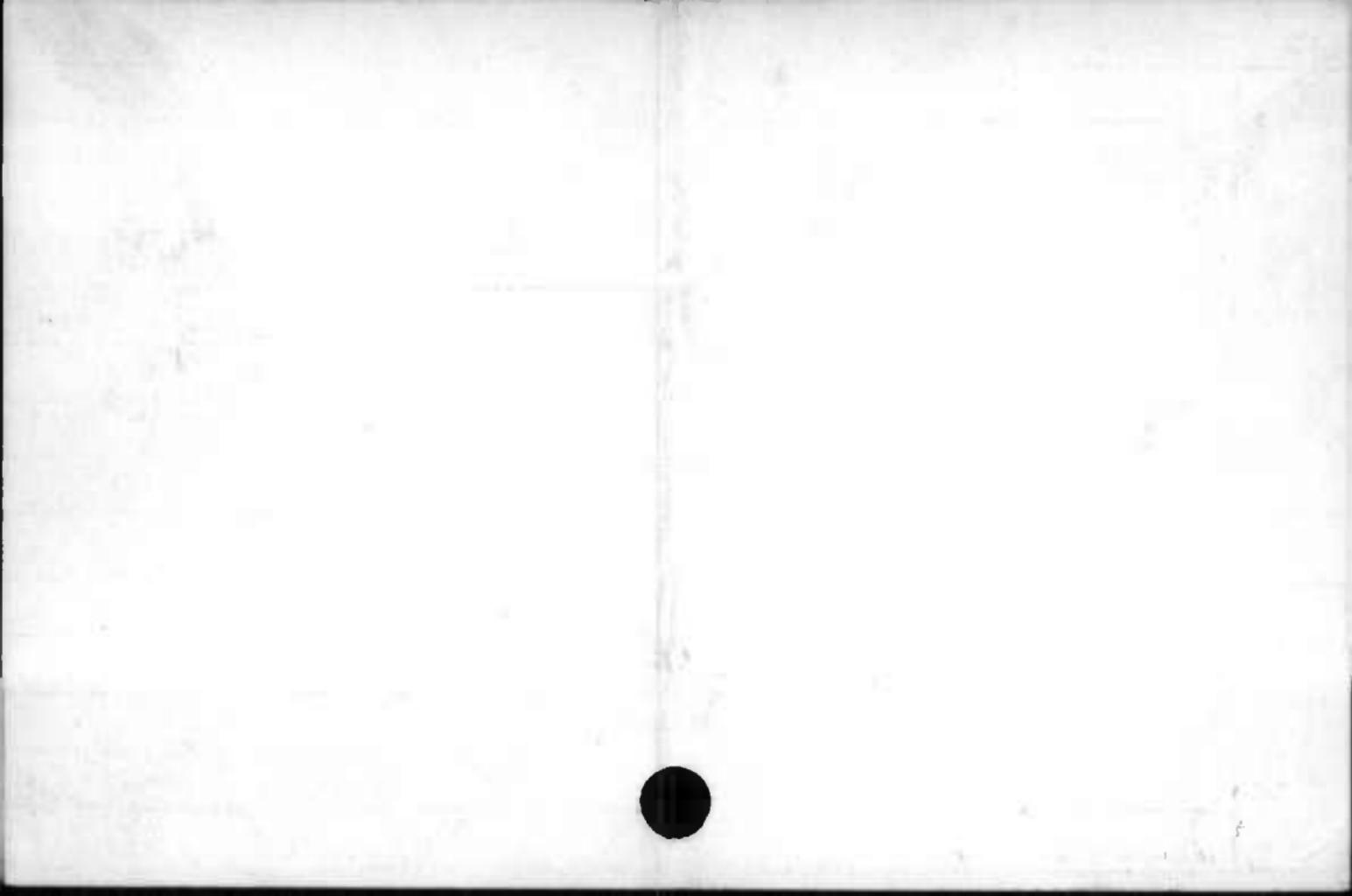
Town	County	
Died at New Riverside	Anne Arundel	
Date of death 1905 Jan 17	Month	Day
44 Years	Age	55
Sex male	Color or Race	Black
Occupation laborer	Where Residing if not at place of death	
Married, Single or Widowed married	Name of Wife or Husband Elean Savory	
Father's Name James Smith	Father's Birthplace Md	
Mother's Maiden Name	Mother's Birthplace	
Name of person giving information	How related to deceased ✓	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long One year or more
Immediate with disease of heart	How long .
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S.H. Speake MD
	Address Grafton
Accident or Suicide?	Md.





Name
in
Full

Mary Brera Smaun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Jan	25	Age	10	—
Sex	Female	Color or Race	Colored	Birth-place	Charles Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Smaun				
Mother's Maiden Name	Barbra A. Proctor				
Name of person giving information	W. Smaun				
Father's Birthplace	Charles Co				
Mother's Birthplace	Charles C				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Emphysema

10p

How long

2 weeks

Immediate

Asthma

How long

+ days

Are the name, age, sex, color, date and place correctly given above?

Yes

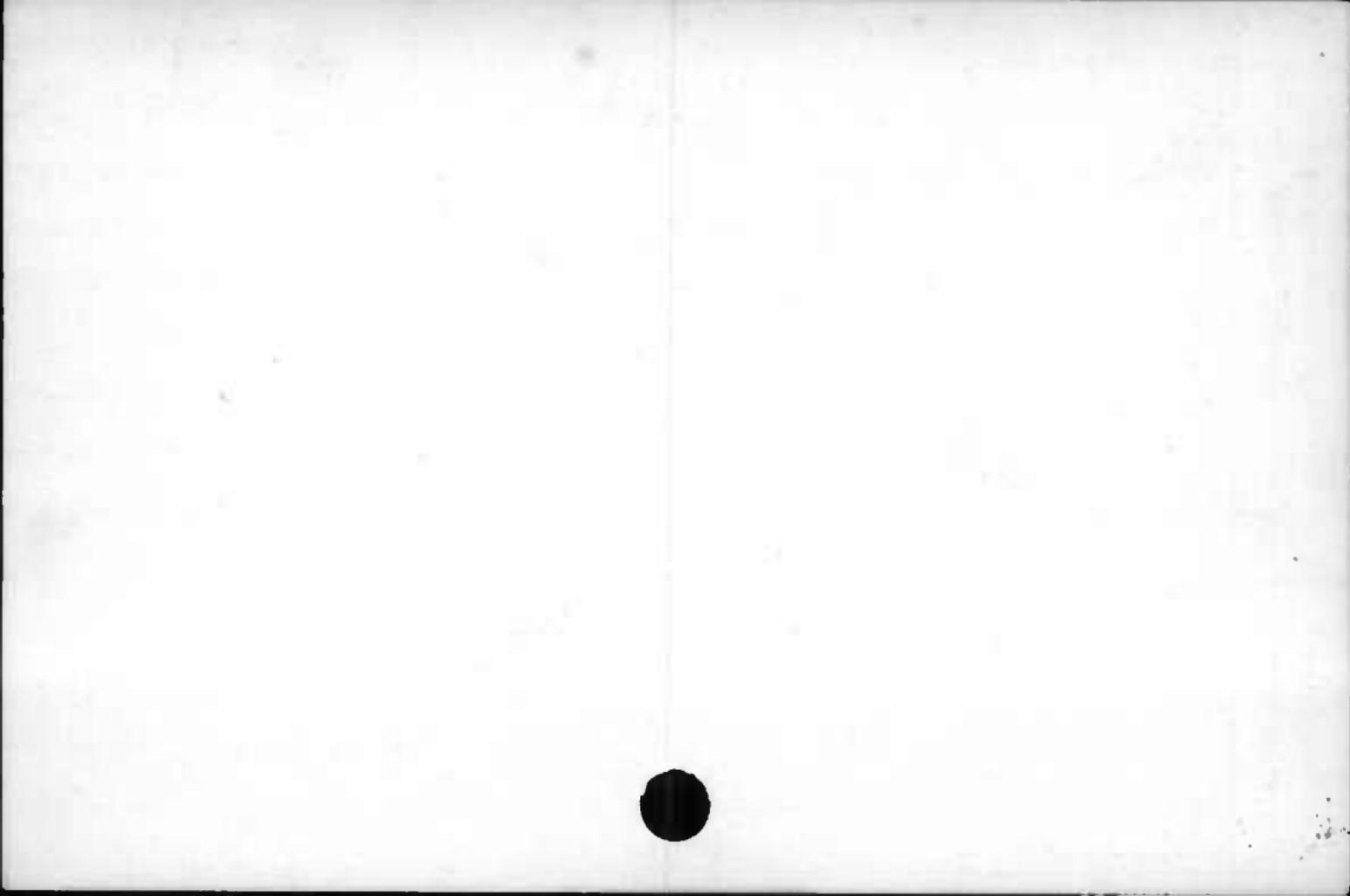
Signature of Physician

Address

E. J. Proctor
Bel Alon
Md



Accident or Suicide?



Name
in
Full

William Alexander Vincent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
La Plata

County

Charles

MARYLAND

Date
of death

1905

Month
Jan

Day
31

Years

77

Age

Months

4

Days

—

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Co.

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Dont Know

Father's
Birthplace

Mother's
Maiden Name

" "

Mother's
Birthplace

Name of person giving
Information

Willie Vincent

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

24 Hours

Immediate

Heart Failure

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

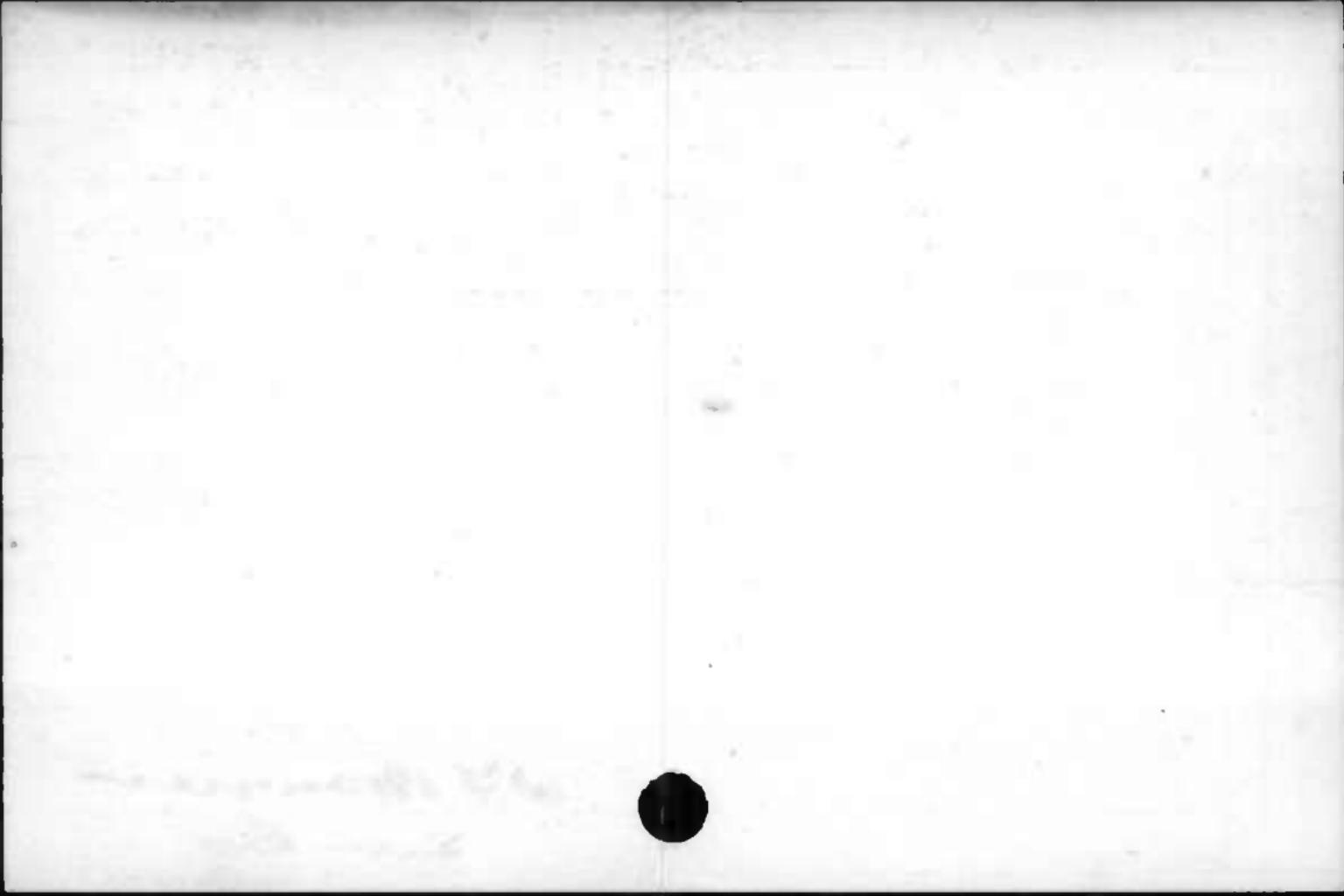
Address

Peter W. Roby acting Coroner

PHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cedar Point Creek		Town	County chs	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Black	Birth-place Cedar Point Creek
Occupation	Washer	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	John Warren	Father's Birthplace		Chesapeake
Mother's Maiden Name	Annie Dyer	Mother's Birthplace		" "
Name of person giving information	Peroline Cooper	How related to deceased		Husband

CAUSES OF DEATH

Primary	Bell Burn	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

None attending
W.F. Warren

Address

Sub Ray

Accident or Suicide?

Reported by
W. T. Brauner
Treas Reg

Name
in
Full

Willie Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	Charles MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			name	
Married, Single or Widowed	Name of wife or Husband	Henry Washington			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Thomas Barbour 178			How related to deceased	Friend

CAUSES OF DEATH

Primary

Supposed Heart Disease

How long

Immediate

Died Sudden

How long

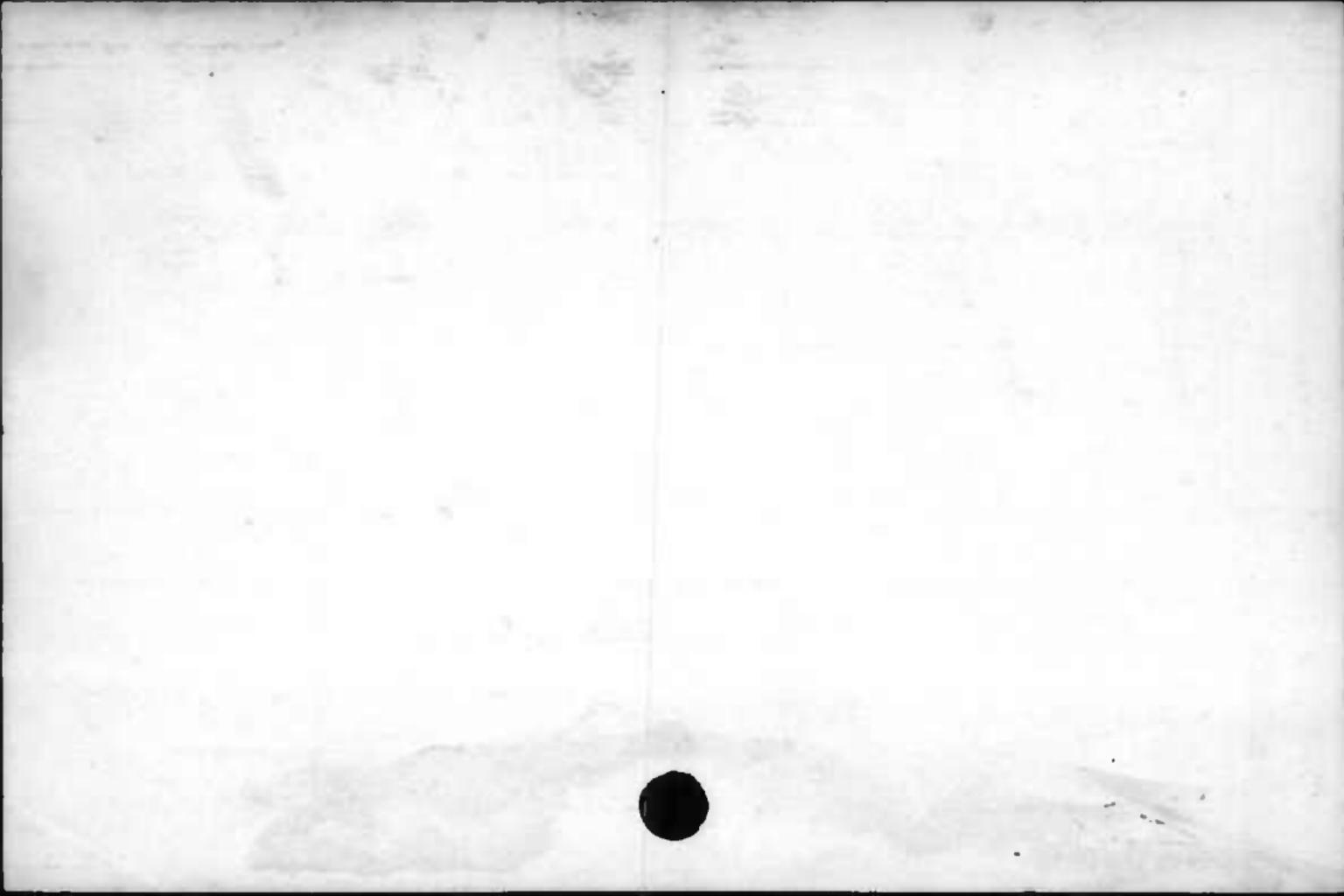
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Maximilian Clements
Aut Regt

Accident or Suicide?



Albert Stevens

Town

County

Died at

MARYLAND

Albany Charles

Month Day

Y. M. D.

Date 19

03 Jan. 11

Native of

Occupation

Male

White

Age

Y.

Married

M.

Widow

D.

Widower

Female

Colored

Single

Divorced

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Stroke

10/

How long sick
18 days

Death

Accident, Suicide, Homicide

Reported by

J. L. Slogdon
Albany Charles

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Araberta G. White

Town

County

Died at

Bel air

MARYLAND

Month Day

Y. M. D.

Native of

Date 1905
MaleJan. 10
White

Age 5

Widow

Charles
Ches Co
Divorced

Occupation

Female

Colored

Age
Married

Single

Widower

Number of children living

Husband of

Wife
Father's
NameJohn White
ConvulsionsMother's
Name

Barrie Hanson

Cause of

Primary

How long sick

2 mo²

Death

Immediate

Accident, Suicide, Homicide

Reported by

John White Father Peter W. Raby J.P.

Address

Bel air Md.

Bel air Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from _____

of _____

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PYTHONIAN
OR CORONER

Died at <u>near Worcester</u> Town <u>Charles</u> County				CERTIFICATE OF DEATH	
Date of death <u>1905 Jan 10</u>	Month	Day	Age <u>7 weeks</u>	Months	Days
Sex <u>female</u>	Color or Race	<u>white</u>			Birth-place <u>Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace <u>Md</u>		
Father's Name <u>Jabey Wright Jr</u>	Mother's Maiden Name <u>Alonza Bonnie</u>		Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Clark Bonnie</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

Primary <u>abcess in blood</u>	How long <u>29</u>
Immediate <u>Diseased</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>S. A. Spaulding</u>
	Address <u>Baltimore</u>
Accident or Suicide?	<u>Md</u>

